

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000050987

**Entity Name:** HEAD TO TOE SALON AND DAY SPA OF FLORIDA, P.A.**Current Principal Place of Business:**6248 GALL BLVD.  
ZEPHYRHILLS, FL 33542**Current Mailing Address:**6248 GALL BLVD.  
ZEPHYRHILLS, FL 33542 US**FEI Number: 82-1918264****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT,  
SUITE A  
TAMPA, FL 33612 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                                |
|-----------------|--------------------------------|
| Title           | PRESIDENT, TREASURER, DIRECTOR |
| Name            | SIMONE, PATRICIA               |
| Address         | 6248 GALL BLVD.                |
| City-State-Zip: | ZEPHYRHILLS FL 33542           |

|                 |                         |
|-----------------|-------------------------|
| Title           | VP, SECRETARY, DIRECTOR |
| Name            | ELLERBEE, JESUSANA      |
| Address         | 6248 GALL BLVD.         |
| City-State-Zip: | ZEPHYRHILLS FL 33542    |

|                 |                      |
|-----------------|----------------------|
| Title           | CO-VICE PRESIDENT    |
| Name            | SIMONE, GINO D JR.   |
| Address         | 6248 GALL BLVD.      |
| City-State-Zip: | ZEPHYRHILLS FL 33542 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PATRICIA SIMONE****PRESIDENT****01/28/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date